



ALL SOULS INTERFAITH GATHERING, INC.

Event Request Application

Event*: _____

Contact Name: _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Event Information

Rental

Partnership Event

ASIG Event

Non-profit

Date of Event: _____ Day of Rental: _____

Start Time of Event: _____ Rehearsal/Setup Time: _____ # of Attendees: _____

End Time of Event: _____ Breakdown Time: _____

(Circle if Applicable)

Caterer *(Catering License Required)*

Bartender *(Liquor License Required)*

Caterer: _____

Bartender: _____

(Catering License Required)

(Liquor License Required)

Space Requested

(Circle and number your first and second choice)

Sanctuary

Gathering Hall/Sunporch

Sunporch

Kitchen

**Please provide a brief description of the event, including set-up needs or specific instructions on the reverse side*

Please Mail Application to: P.O. Box 309 Shelburne, VT 05482